



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "B"

APPLICANT: Zellner et al
SERIAL NO.: 09/786,512 GROUP ART UNIT: 1733
DATE FILED: February 28, 2001
INVENTION: "A SENSOR FOR ACQUIRING FINGERPRINTS
AND A METHOD OF MANUFACTURING THE
SENSOR"

Assistant Commissioner for Patents
Washington, D.C. 20231

SIR:

RECEIVED
MAY 10 2001
TC 1700

Prior to examination, please further amend the above-identified application as follows:

IN THE TITLE:

Please amend the title to read:

METHOD FOR PRODUCING METALLIC MICROSTRUCTURES

IN THE CLAIMS:

Please cancel claim 27, without prejudice.



1733

SCHIFF HARDIN & WAITE

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

In re application of: Zellner et al

Serial No.: 09/786,512

GROUP ART UNIT: 1733

Filed: February 28, 2001

EXAMINER:

For: "A SENSOR FOR ACQUIRING FINGERPRINTS AND A
METHOD OF MANUFACTURING THE SENSOR"
AMENDMENT "B"

Assistant Commissioner for Patents

Washington D.C. 20231

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 13	MINUS	** 20	X ---	() X 9.00 () X 18.00	---
INDEP. CLAIMS	* 1	MINUS	3	X ---	() X 40.00 () X 80.00	---
Application amended to contain any multiple dependent claims not previously paid for.				() YES (x) NO	() \$135.00 () \$270.00 ONE TIME	---
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

*

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

**

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5781.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY

(Reg. No. 24,149)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on May 4, 2001.

James D. Hobart (Reg. No. 24,149)

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

May 4, 2001

DATE